



1644#  
[Signature]

In re Application of: ~~Kaplan~~, et al.  
Serial No.: 10/079,931  
Confirmation No.: 7525  
Filed: February 19, 2002  
For: TREATMENT OF OCULAR DISORDERS

Attorney Docket No. 294-70 CON

I hereby certify this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to:  
Commissioner for Patents, P.O. Box 1450  
Alexandria, Virginia 22313-1450

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

on April 1, 2005

Signature: [Signature] Susan A. Sipos 4-1-5

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

|        | (Col. 1)                         |       | (Col. 2)                           | (Col. 3)      |
|--------|----------------------------------|-------|------------------------------------|---------------|
|        | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| TOTAL  | * 11                             | MINUS | ** 20                              | = 0           |
| INDEP. | * 4                              | MINUS | *** 3                              | = 1           |

SMALL ENTITY

| RATE   | ADDL. FEE |
|--------|-----------|
| x 25=  | \$        |
| x 100= | \$100.00  |
| x 180= | \$        |
| TOTAL  | \$ 100.00 |

OR

OTHER THAN A SMALL ENTITY

| RATE   | ADDL. FEE |
|--------|-----------|
| x 50=  | \$        |
| x 200= | \$        |
| x 360= | \$        |
| TOTAL  | \$ 0.00   |

OR

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
- \*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 08-2461 in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$100.00 is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

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Respectfully submitted,

[Signature]  
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